Volunteer Application

Name: _____
First Middle Last

Present Address: _____

City/State/Zip: _____

Email Address: _____
(parent's email address if under 18)

Phone Number: _____

Emergency Contact: _____
Name Phone Number

Are you a current Faison Center employee or have you worked for Faison in the past? ☐ Yes ☐ No

If yes, when and in what capacity? _____

Employer/School: _____

Date of Birth: _____

Areas of Interest:

☐ Classroom Volunteer (for individuals 12-18 years old **OR** a former staff in good standing)

☐ Special Events (individuals 18 years & older)

☐ Classroom Observation (must be a requirement of a college course)

☐ Administrative (individuals 18 years & older)

Availbility *(check all that apply):*

☐ M ☐ T ☐ W ☐ TH ☐ F ☐ Morning ☐ Afternoon (before 4pm) ☐ Evening (Special Events)

Do You Prefer to Volunteer: ☐ Weekly ☐ Monthly ☐ Occasionally

Previous volunteer experience: _____

Special skills, training, or certification: _____

Why would you like to volunteer at Faison? _____

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How did you learn about volunteering at Faison? _____

Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse or rape of a child? ☐ Yes ☐ No

Have you been investigated by the Department of Social Services (Child or Adult Protective Services Unit) for abuse or neglect with a result of "founded?" ☐ Yes ☐ No

Have you been convicted of a felony and/or a misdemeanor? ☐ Yes ☐ No
If yes, please explain, and give dates of conviction, type of conviction, and jurisdiction where convicted

If you answered "Yes" to any of the above questions, The Faison Center may need to contact Child or Adult Protective Services before making a decision about your application. Do you grant The Faison Center the right to check with CPS/APS/Police regarding any of the above investigations and/or convictions? ☐ Yes ☐ No

Anyone convicted of a misdemeanor or felony offense, especially an offense against a minor, may be disqualified from volunteering depending upon the nature of the offense and/or volunteer activity.

Release of Liability:

A VOLUNTEER is defined as a person who has chosen to donate his/her time and talent, without compensation, to assist with programs and activities at The Faison Center in an effort to enhance instruction and to promote learning opportunities. In conjunction with my voluntary involvement undertaken for and with the participation and support of The Faison Center, I,_____, hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge The Faison Center, its officers and directors, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold The Faison Center, its officers and directors, agents and volunteers harmless from any cause of action, claim or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I hereby grant The Faison Center the irrevocable right to use my name and likeness in any film, video tape, audio tape, photographs, slides, combinations thereof, for inclusion in any promotional or advertising purposes, without any payment to me. By signing below I certify that the information provided in this application is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____
(if under 18)

Please Return Completed Application To:
Mail: Volunteer Coordinator, The Faison Center, 5311 Markel Road, Richmond, VA 23230
Fax: (804) 612-1955
Email: volunteer@faisoncenter.org

Questions?
Contact volunteer@faisoncenter.org or (804) 612-1947

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During such times as I am a participant in The Faison Center volunteer program, I agree to assume full responsibility for such participation and release The Faison Center from any damages which I may sustain thereby. I fully understand that The Faison Center has the right to terminate my services at their sole discretion for any reason.

Signature _____ Date _____

If volunteer applicant is under 18 years of age, a parent/guardian must sign below.

_____

Parent/Guardian Signature Date Telephone

In case of emergency, please contact _____

Name Telephone

All applications must be filled out **completely**, or they will not be processed. Questions regarding the volunteer policy can be directed to any Director at The Faison Center at (804) 612-1947.

For Office Use Only

Name of person verifying application _____

Date of verification _____

National Sex Offender Public Registry Checked ☐ Yes ☐ No

Follow-up Necessary ☐ Yes ☐ No